

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

107069954

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1			1		1		51							
2			1		1		52							
3				2		2	53							
4				2			54							
5			1		1		55							
6			1		1		56							
7				2		2	57							
8				2			58							
9							59							
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43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.			4		4									
TOTAL DEP.			8		4									
TOTAL CLAIMS			12		8									

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS